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ABSTRACT

The 3R Program is a supportive program for children whose behavior and/or social patterns interfere with success in regular classrooms. Liason-teacher-counselors, regular classroom teachers, parents, and other appropriate personnel use counseling, contracting, and behavior management techniques with the total ecology of the child to improve academic performance and decrease inappropriate behavior. Children who cannot function in the regular classroom are admitted to short-term units (6-8 months) or long-term units (1-3 years) for intensive support and structure, and are integrated back into regular classes as they achieve more appropriate behavior. Research results indicate the program significantly reversed decelerating academic achievement and significantly increased appropriate behavior patterns. (Author)

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3R Program:

Responsibility, Re-education and Reality

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3R Program:
Responsibility, Re-education and Reality

The 3R Program is a supportive approach to children within the confines of the regular classroom. The teacher consultants or Liaison-Teacher-Counselors modify and co-ordinate the efforts of those people who make up the student's environment, considering, if possible, the total ecology of each child.

Within the framework of Connecticut law, this approach provides the least restrictive program for children whose behaviors and/or social patterns interfere with their success and growth in the regular classrooms. Working directly with teachers in the regular classroom environment, the Liaison-Teacher-Counselors encourage more positive student behavior by using counseling, contracting, and behavior management techniques. The classroom teachers are trained and supported by the Liaison-Teacher-Counselors and closely supervised as they become more proficient in the use of these approaches.

The Liaison-Teacher-Counselors also meet with parents on a regular basis to train them in techniques similar to those used with the regular classroom teachers and support them as they deal with their child's behavior at home. A consistent and supportive program develops to help maintain students in regular classrooms. The 3R Program helps students develop responsibility by re-educating them in reality, in their environment.

Even with this support to students within regular classrooms, there are a certain percentage that cannot be maintained there. Therefore, as part of the 3R Program, there are short and long term units within the public schools to service these children.

The 3R Program is a unique management system based on an educational model and supported by medical, psychiatric, psychological, and social work professions. The program developed as a response by four cooperating school districts in Connecticut both to legislation which requires schools to provide programs and/or services for children considered to be socially and emotionally maladjusted, and to the concerns of the professional staffs to help these children.

One of the features of the Project was its purposeful design as an extension of and addition to the Cooperative Special Education Programs of the four cooperating school systems. The Cooperative Social Services Center (CSSC), operational since 1966, provides diagnostic and consultant services. The Cooperative Special Education Programs also provide classes for the educable and trainable mentally retarded, diagnosis, and instruction for children with learning disorders. Project 3R was a needed and natural extension of the broadening program being offered by the cooperating districts.

The model used in the 3R Program primarily replicates the Re-Ed Model developed by Dr. Nicholas Hobbs, Nashville, Tennessee. His concepts of a total cological strategy include a liaison-teacher-counselor to form the bridge between the school, home and community and the teacher-counselor who is responsible for the re-education of children within a classroom Unit.

The techniques originally used in the classroom Unit included behavior management and reality therapy techniques developed by Dr. William Glaser. Dr. Glaser's class meetings became an everyday strategy used in the 3R Units. His eight steps for developing a contract with students was also extensively used in a one-to-one counseling situation with students.

In 1972, the 3R Program was expanded from its one Unit to include a second Unit for older children. At the same time the town of Granby became a part of

the CSSC. The Elementary Unit, or 3R I, serves children of ages 5-12, while the Intermediate, or 3R II Unit, serves children 10-16. The two Units used basically the same classroom techniques as described above with more emphasis placed on one-to-one counseling techniques as described above with more emphasis placed on one-to-one counseling situations in the 3R II Unit.

In 1973, many staff members became interested in the work of Dr. Albert Ellis. His Rational Emotive Therapy (RET) approach fills the gap where Dr. Glaser's approach seems to leave off. The RET approach gives total responsibility to the children and adults, so their behavior becomes internalized and they function as independent individuals.

After extensive study and training of staff, the RET approach was adopted by the 3R Program and accepted by the Executive Board as an essential part of the program. The 3R Model used behavior management, contracting, and RET techniques in order to internalize students' behavior, therefore helping to make them more independent and responsible for their own behavior.

In 1976, the 3R Program again expanded, adding 3 Units for the more severely disturbing children. The Extended 3R Units, elementary, intermediate, and secondary, followed basically the same model used in the initial 3R units. The Secondary Unit, however, has made modifications to include vocational and work study training.

Presently, the staff is considering the medical aspects of programming, e.g., nutrition and medication. Study of medical-education for training of present staff is underway. The inclusion of medical personnel on educational teams other than diagnosis is becoming a reality. Another concern which is on the cutting edge in research is the nutritional aspects of education, both its positive and particularly its negative effects on children, e. g., food coloring, additives, and preservatives. Training of staff has already begun with hopes of

expanding the nutritional program as a part of the total ecological approach used in the 3R Program.

The original planning of the 3R Program had as its major goal the return of students from the 3R Units to the mainstream. Behavioral techniques and strategies were developed and used within the Units. The role of the Liaison-Teacher-Counselors was for intake, support, and follow-up of students in the 3R Units. The emphasis since then has slowly shifted to a model which has as its major goal the maintenance and support of students in regular classrooms. The 3R Units are still an essential part of the program, serving students that are not able to be maintained in regular classrooms and also being used for the development of more refined and sophisticated behavioral techniques. These techniques are shared with classroom teachers, parents, and other professionals through the work of the Liaison-Teacher-Counselors.

The Steering Committee

The program is guided by a Steering Committee whose function it is to make policy recommendations to the Advisory Council, made up of the superintendents of the cooperating towns. The Steering Committee recommends policy in these areas:

1. Identification and description of procedures to be followed in the program.

2. Development of a concensus of purpose and direction among all concerned with the program.

3. Integration of teaching and practicum experiences.

4. Development of curricula.

5. Evaluation of program.

6. Preparation of brochures, pamphlets, and video-tapes that are of value in dissemination.

Representatives from each of the school districts, teaching staff from the 3R Units, and the Executive Director of the CSSC are all members of the Steering Committee. The Advisory Council reviews the policy recommendations made by the Steering Committee and the Executive Board, made up of an elected Board of Education member from each of the five school systems, has final decision-making authority.

Liaison-Teacher-Counselor

The Liaison-Teacher-Counselor (L-T-C) works directly with teachers, parents and administrators to help support and maintain students in their regular classrooms. The L-T-C is available to all staff and administrators within the five town district through a referral system in which a Pupil Placement Team or individual teacher makes a request for services.

Following this, the L-T-C makes behavioral observations in the student's environment, e.g., regular classes, hallways, lunch room, or recreation area, to determine what the student is doing, using Baserate sheets for accurate and precise observations. The information gathered is immediately shared with the classroom teachers, behavioral programs and techniques are discussed, and support is given by the L-T-C. Academic suggestions and materials are also made available when the teachers have no access to appropriate materials. Both the L-T-C and the teacher monitor the daily progress of the student to determine if gains are being made. Many different ideas and approaches may be tried before appropriate techniques are found. Through the cooperation and support of the L-T-C and the classroom teacher, the student's behavior often becomes more appropriate. The support of the L-T-C is then gradually decreased until there is little or no involvement necessary.

If this procedure has no effect on the student's behavior, the student's

program is re-evaluated by a Pupil Placement Team (PPT). As members of the PPT, the L-T-C and classroom teachers contribute specific and detailed information about this student. Input from other professionals is made and recommendations follow. Support systems such as tutoring, remedial help, guidance, resource room placement or continued L-T-C involvement may be recommended to help maintain the student in regular classes. Parent involvement is often requested to further support the student. If all the appropriate support systems fail, the next alternative may be the recommendation for placement in a 3R Unit.

Parent Groups

A parents' group is conducted by the L-T-C with specific goals of learning and implementing behavior management techniques. The parents meet weekly in their homes or schools and are given opportunities to pinpoint, record, consequate, and evaluate specific behaviors. They may choose to change their own behavior or behaviors of their children.

In addition to learning more effective behavior management techniques, parents receive encouragement and support from each other. Sharing problems and ideas gives parents the consolation of knowing that others face similar problems. Their ultimate goals are to change inappropriate behavior to appropriate behavior, and to keep systematic techniques flowing from the school to the home. The student is aware of the parent's effort and concern in his behalf and parents are aware of behaviors which still need attention.

Weekly contact confirms progress in the classroom. Techniques shared with the parents run the gamut from precision teaching, modeling, RET counseling, contracting, to reward systems. Discussion of good basic nutrition helps parents understand the correlation between diet and behavior. Techniques acquired by parents to deal with present dilemmas and on-going problems with their children are often utilized with other siblings.

3R Units and the L-T-C

A child is entered into a 3R Unit only after serious consideration has been given to other possible approaches for helping him resolve his difficulties. 3R Unit candidacy is determined by:

1. Modification of specific inappropriate behaviors with a prognosis of partial or full time return to regular classes.

2. At least average intelligence.

3. The expectation of parental cooperation and involvement.

Each of the cooperating school districts decides which of its children will participate in the 3R Program. Agreement between the sending school system and the child's parents on the placement of the child in 3R is necessary. Prior to placement, the child and his parents may visit a 3R Unit to become familiar with the program, staff, administration and children in the Unit.

Ecological Strategies

The L-T-C provides re-education of children placed in the 3R Unit. 3R students are provided both academic and social ecological strategies inside and outside of school with a focus on developing trust, building self-confidence and self-control, correcting academic deficits, understanding self, and accepting reality and responsibility.

Within the units, the L-T-C interprets diagnostic findings, recommendations and behavioral goals with the Teacher-Counselor (T-C). The L-T-C shares academic levels of students with the T-C and suggests behavioral strategies to be used in the Unit. Together, they make a cohesive team selecting educational strategies pertinent to the student's needs for physical, medical, social and emotional development.

Outside the unit, the L-T-C serves as the liaison between the student, school and community, working as the intermediary to community resources, e.g.,

Scouts, church groups, drug and alcohol rehabilitation, family counseling, big brother. The L-T-C also reports periodic changes in behavior to the student's sending school and responds to crisis situations as they arise.

The L-T-C uses the following strategies with teachers and parents for re-education purposes:

1. Helps create appropriate expectancies held for the student by significant others in his support system.

2. Helps provide appropriate consequences for the student's behavior, e.g., a higher ratio of positive to negative reinforcers.

3. Helps provide appropriate tasks for the student with which he can succeed.

To help significant people in the student's environment respond to him more consistently, the L-T-C uses respondent and/or operant conditioning techniques based on learning theories. Precision teaching, modeling, behavior management, RET counseling and reality therapy counseling are the basic techniques used.

Maintenance and Follow-up

The primary goal of a 3R Unit is to return each child to a regular classroom situation which is best accomplished when changes in the child's behavior are accompanied by concomitant changes in his family, peer group, school and community. Appropriate expectations must exist for him at the time of his return since, if the ecologies remain unchanged, inappropriate behaviors will return and newly learned behaviors, if not reinforced, will diminish.

Changes in the social ecology require facilitation of communication among the small but important groups of which the child is a member. Information about the child's progress and his return to regular class is shared with his family, his peers, his teachers, and other significant groups. Realistic information about the child's abilities and the kinds of educational tasks with which he can succeed help all concerned appreciate his potential and accomplishments.

Plans to return a child to regular class are established when the chances of the child's succeeding outweigh the chances of his failure. The re-introduction to the regular class is gradual, beginning with short visits, or immediate. The expectation that the child will return to his regular school is fostered and maintained throughout his participation in 3R, and is kept in the foreground of each conference with teachers, parents, peers, and school administrators.

In addition to changing expectancies, tasks and consequences within a support system, a second approach develops new support systems. Each 3R student may be scheduled to see a social worker regularly, and is given many opportunities to participate in academic and social activities within regular classes in the school where his 3R Unit is located.

Mainstreaming

When a student in a 3R Unit has achieved more appropriate behaviors within the 3R classroom, he is mainstreamed into a traditional academic class, as soon as the student and teacher agree that the new classroom can be handled. The T-C works closely with the regular classroom teacher to help maintain the student both academically and behaviorally. As the student succeeds in his first regular class placement, a second academic class is added.

The sending teachers of the 3R students observe at the 3R Unit each month to monitor the progress of their students. The T-C and L-T-C discuss the academic functioning of the student and the behavioral techniques that have been effective in increasing and maintaining appropriate social behavior. A student is returned to regular classes when he, his teachers, his parents, and other involved personnel agree that his chances for success in full time regular class placement outweigh the chances for failure.

In-Service Programs

Concurrent in-service training provides a wide segment of the educational community knowledge of theories and techniques used in the 3R Program, which has

benefitted educators at all levels to develop and implement the approaches used. The 3R team conducts for cooperating systems or individual schools workshops that vary from one-session workshops describing the intent and functions of the 3R Program to multi-session workshops that teach behavior management, contracting, and rational emotive education techniques.

A state approved program gives financial assistance to school districts throughout the State that adopt the 3R model in part or in whole. Members of the 3R team from the Cooperative Special Services Center act as advisors, consultants and trainers of personnel from the adopting communities.

The 3R model is taught in several graduate courses through cooperative agreement with area colleges. Student teachers from the cooperating colleges are trained in the 3R units.

Research Results

Improved Academic Competence

Students served in the 3R I Unit in 1972 and 1974-6 increased their reading achievement by an average monthly gain of 2.3, 1.9, 3.1, and .8, respectively. During the same period, students made an average monthly gain in mathematics of 3.7, 1.7, 3.8, and 1.1, respectively, based on the pre- and post-test administration of the Metropolitan Achievement Test.

The results for students in the 3R II Unit from 1972-1976 were an average monthly gain in reading of 1.8, 2.2, 2.7, and 1.7, respectively. The average monthly gains in mathematics for the same period were 2.6, 2.4, 2.4, and 1.1, respectively.

Students served in a Unit from 1969-1975, followed by the L-T-C, maintained an average growth of 1.2 years based on the pre- and post-measures on reading and mathematics on the Metropolitan Achievement Tests. The intervention of the Unit and Liaison-Teacher-Counselors significantly reversed the decelerating standardized academic achievement found in national studies of children with behavior disorders.

Appropriate Behavior Improved

Students served by the Units from 1969-1976 were perceived by their homeroom teachers to have some degree of inapprpopriate behaviors ranging from 10 to 12 out of 14 factors measured. When evaluated after return to the home school from the Unit, the students averaged only 2 factors perceived to be inappropriate. The Deveraux Elementary School Rating Scale measured an average increase of one standard deviation or more in the direction of appropriateness. Based on these measures, the intervention of the Unit strategies resulted in significant improvement and/or deceleration of inappropirate behaviors.

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